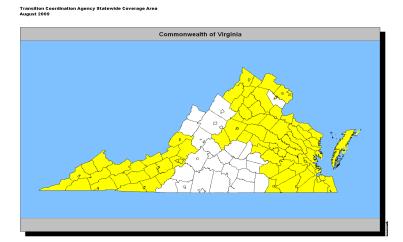
MFP Update April 21, 2009

- ➤ MFP Enrollment as of April 15, 2010
 - 128 Current MFP enrollees
 - 90 have transitioned
 - 33 EDCD have transitioned
 - 53 ID have transitioned
 - 1 DD has transitioned
 - 2 TECH have transitioned
 - 1 HIV/AIDS has transitioned
 - 38 are developing transition plan
 - 24 have completed their MFP Year
 - 14 have withdrawn from MFP
 - o 166 Overall Total MFP Enrollment
 - 30 Transition Coordination Provider Agencies
 - 10 Private, Non-Profits
 - 9 Area Agencies on Aging
 - 9 Centers for Independent Living
 - 1 Community Service Board
 - 1 Local Department of Social Service Office
 - Coverage Area of Transition Coordination Agencies



Programmatic Updates

Quality, Affordable Healthcare for All Americans Act of 2010

Section 2403 of the QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS ACT of 2010 has extended the demonstration grant program appropriations an additional five years through 2016. An additional appropriation of \$2.250 billion was provided for in the legislation. This brings the total appropriation for the MFP Rebalancing Demonstration to \$4 billion through 2016. The Act also reduces the eligibility requirement for a participant to be in an institution from 6 months to 3 months before a transition can occur within certain guidelines. Additional formal guidance and a new timeline will be provided in the near future.

100% Federal Administrative Match Proposal

Retroactive to January 1, 2010, CMS will begin to fund administrative activities in support of the MFP grants including staffing of administrative support and other administrative support line items. In recognition of the tremendous economic challenges faced by States, administrative costs for certain administrative FTE and part time positions, and other line item expenses described below may be requested and approved at 100% federal administrative claims match. There will be NO matching State funds required to cover the costs.

Federal Housing Choice Vouchers for MFP Participants

5,300 vouchers have been set aside as part of this program, up to 1,000 will be specifically targeted for non-elderly individuals with disabilities currently living in institutions but who could move into the community with assistance.

Section Q of MDS 3.0

The new MDS 3.0 Return to Community Referral items are more person-centered, better support the individual's right to choose where they receive their LTC services and supports, and reinforces states' efforts to transition individuals out of nursing homes. The new MDS 3.0, Section Q Return to Community items will identify nursing home residents who wish to learn about available community supports and services and the possibility of returning to the community. When an individual expresses this desire, facilities will be required to contact State Medicaid Agency designated local contact/referral agencies. The local contact/referral agency will talk with the resident and work with the nursing home in developing discharge plans for Medicaid and non-Medicaid residents. The local contact agency is expected to respond to the individual resident's request for information about the possibility of returning to the community by providing information about choices of community living services and supports.





FOR IMMEDIATE RELEASE

April 7, 2010

Contact: CMS Public Affairs (202) 690-6145 HUD Public Affairs (202) 708-0685

HHS, HUD PARTNER TO ALLOW RENTAL ASSISTANCE TO SUPPORT INDEPENDENT LIVING FOR NON-ELDERLY PERSONS WITH DISABILITIES

\$40 million available to local housing agencies to assist 5,300 families

WASHINGTON – Thousands of Americans with disabilities will have housing assistance specifically targeted to meet their needs, Health and Human Services (HHS) Secretary Kathleen Sebelius and Housing and Urban Development (HUD) Secretary Shaun Donovan announced today.

As part of President Obama's *Year of Community Living* initiative, HHS and HUD collaborated to provide housing support for non-elderly persons with disabilities to live productive independent lives in their communities rather than in institutional settings.

HUD is offering approximately \$40 million to public housing authorities across the country to fund approximately 5,300 Housing Choice Vouchers for non-elderly persons with disabilities, allowing them to live independently. HHS will use its network of state Medicaid agencies and local human service organizations to link eligible individuals and their families to local housing agencies who will administer voucher distribution.

"This number of vouchers to this community is a major milestone for HUD," said Donovan. "I am pleased that two federal agencies have combined efforts to give these individuals the independence they so desperately want and deserve."

"This commitment by HHS and HUD to directly link housing support to these individuals will be of immeasurable value not only to them, but to the communities in which they will be living," said Sebelius. "Individuals with disabilities have so much to contribute to the quality of life in our communities when given the freedom and opportunity to do so."

Of the 5,300 vouchers set aside as part of this program, up to 1,000 will be specifically targeted for non-elderly individuals with disabilities currently living in institutions but who could move into the community with assistance (Category II). The remaining 4,300 (Category I) can be used for this

purpose also, but are targeted for use by non-elderly individuals with disabilities and their families in the community to allow them to access affordable housing that adequately meets their needs.

In addition, HUD is encouraging housing authorities to establish a selection preference to make some or all of their Category I allocation available to individuals with disabilities and their families who, without housing assistance, are at risk of institutionalization. Housing authorities have 90 days to submit their applications to HUD. HUD expects to have funding awards ready late fall 2010.

"Many of these individuals are low-income and can not afford market rates for housing. For a number of Americans, these vouchers, along with Medicaid home and community-based services, are essential supports that make the President's vision for community living possible," Sebelius noted.

The vouchers will augment work already being done by the Centers for Medicare & Medicaid Services (CMS) through its Medicaid Money Follows the Person (MFP) grant program. Originally set to expire next year, the "Patient Protection and Affordable Care Act of 2010" extended the MFP program through 2016 with an additional appropriation of over \$2 billion. The Act also cut to three months, from the previous six months, the amount of time a person must be in an institution to qualify for help making the transition to community life.

Now in its third year, the MFP program has made it possible for almost 6,000 people to live more independent lives by providing necessary supports and services in the community. Some 29 states and the District of Columbia have MFP programs.

The *Year of Community Living* is an outgrowth of a 1999 Supreme Court decision in *Olmstead v. L.C.*, in which the court ruled that under the Americans with Disabilities Act (ADA) unnecessarily institutionalizing a person with a disability who, with proper support, can live in the community can amount to discrimination. In its ruling, the Court said that institutionalization severely limits the person's ability to interact with family and friends, to work and to make a life for him or herself.

As a result of the *Olmstead* ruling, HHS issued guidance to states on how to make their Medicaid programs more responsive to people living with disabilities who wish to reside in the least restrictive setting. Today's announcement is yet another step in HHS's 10-year effort to achieve that goal.

To read the full funding announcement, visit <u>HUD's Web site</u>. More information about the Money Follows the Person program can be found at http://www.cms.hhs.gov/CommunityServices/20_MFP.asp

###